

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Minnesota Statutes Annotated, Sections 256D.33-256D.54 and 256I.01-256I.06.
EFFECTIVE DATE	April 1, 1974.
ADMINISTRATION¹	County Welfare and Human Services Agencies (State-supervised).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and to persons who, but for excess income, would be receiving SSI and who have maintenance needs based on the December 1973 State standards which exceed their income from the Federal SSI and other sources, and who would otherwise have qualified for benefits under former State assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse. Parents for blind children under age 18.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County Welfare and Human Services Boards.
FUNDING	Assistance: State funds. Administration: County funds; except State expenses which are State funded.

¹ Payments are made under the "Minnesota Supplemental Aid Program." Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently				
	Entitlement prior to 1/1/94	\$575.00	\$867.00	\$81.00	\$126.00
	Entitlement 1/1/94 or later	575.00	852.00	81.00	111.00
	Living in household of another				
	Entitlement prior to 1/1/94	439.34	838.00	110.00	344.00
	Entitlement 1/1/94 or later	439.34	575.00	110.00	81.00
	Nonmedical, group residential facility	1,192.37	N/A	698.37 ³	N/A
	Medicaid facility	64.00	128.00	34.00	68.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

DIETS

Specified modified diets when prescribed by a physician shall be allowed at designated rate.

**GUARDIANSHIP
FEES**

Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

**REPRESENTATIVE
PAYEE SERVICES**

Ten percent of gross monthly income up to a maximum of \$25 for services provided by an agency that meets the requirements under SSI regulations to charge fee for payee services.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Includes \$64.00 a month for clothing and personal needs. Indicates the highest amount that may be paid.

**HOUSING, MAJOR
REPAIRS**

Nonrecurring payments for catastrophic situations only for homeowners who live in their homes.

**FURNITURE AND
APPLIANCES**

Nonrecurring payment for necessary repairs and replacements.

MEDICAID**ELIGIBILITY:****CRITERION**

State guidelines.

DETERMINED BY

County Welfare and Human Services Agencies (State supervised).

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.